

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

ALISON O'DONNELL,

Plaintiff,

vs.

CASE NO. 1:16-cv-2480  
JUDGE DONALD C. NUGENT

UNIVERSITY HOSPITALS HEALTH  
SYSTEM, et al.,

Defendants.

- - - -

Deposition of DR. PAUL MINNILLO, taken as  
if upon cross-examination before Sarah Lane, a  
Notary Public within and for the State of Ohio, at  
The Spitz Law Firm, 25200 Chagrin Boulevard,  
Beachwood, Ohio at 8:06 a.m. on Tuesday, October  
10, 2017, pursuant to notice and/or stipulations of  
counsel, on behalf of the Plaintiff in this cause.

- - - -

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**PLAINTIFF'S**  
**Exhibit 14**

1     **A.   Joseph Calabrese.**

2     **Q.   What was Mr. -- is it Dr. Calabrese?**

3     **A.   Doctor, yeah.**

4     **Q.   What was Dr. Calabrese's affiliation with UH?**

5     **A.   He's an M.D.   He's program director of the mood**  
6         **disorders program, and that's a special niche and a**  
7         **subspecialty under the umbrella of psychiatry. We**  
8         **see a lot of complex cases, mood disorders, anxiety**  
9         **that aren't necessarily just typical.**

08:19 10    **Q.   All right.   So when you started in 2008 with UH**  
11       **what was your job title?**

12    **A.   Staff psychologist/senior instructor. We have an**  
13       **appointment with Case Western Reserve Medical**  
14       **School. We do some teaching as well, so at that**  
15       **point I was senior instructor/staff psychologist.**

16    **Q.   So you had a teaching component to your job and**  
17       **also a clinical?**

18    **A.   Yes.   Mostly clinical, a little bit of teaching.**

19    **Q.   Has your job changed since 2008?**

08:20 20    **A.   Yeah.   I'm assistant professor, so I got a bump**  
21       **there academically. Should I also mention that I**  
22       **teach at John Carroll University?**

23    **Q.   When did you start teaching at John Carroll?**

24    **A.   2008.   I still teach there. That's just an adjunct**  
25       **on the side.**

1 disorder?

2 A. Yeah. I want to make sure -- I want to say yes,  
3 but I want to be able to look in here and, you  
4 know -- as a general rule of thumb I always -- is  
5 always to get to the root, and I call it the fruit.  
6 So where does this come from and how does it  
7 manifest day to day? So yes, I would have spent  
8 ample time trying to figure out where some of this  
9 anxiety comes from.

08:39 10 Q. Okay. All right. And we can go through each one  
11 of these. So during the initial evaluation you  
12 mentioned the DSM code, the 300.23.

13 A. Yes.

14 Q. Which you said is for anxiety?

15 A. Social anxiety.

16 Q. Social anxiety. Now, is there any kind of scaling  
17 system that ranks a person's social anxiety on a  
18 level of one to ten or any other marking system  
19 like that?

08:40 20 A. That system would not be for diagnosis, but for  
21 treatments, and it's not necessarily a necessary  
22 protocol, but it could be a helpful gauge into  
23 where you're at and how you're doing. So it could  
24 be an earmark for us in therapy, but there is -- I  
25 mean, you can say mild, moderate, severe and

1 during the entire -- at any point during the entire  
2 time that you saw Dr. Matthews where, you know, she  
3 gave a general description of how this condition  
4 just affects her, I mean, you know, her day-to-day  
5 activities?

08:51

6 **A. My heart went out to Alison. I had a lot of**  
7 **empathy for her, how I perceived it as very**  
8 **pervasive, very profound. I remember feeling like**  
9 **Alison was in a cage, like this anxiety was like a**  
10 **cage that she couldn't get out of. I had a sense**  
11 **that she suffered deeply in this anxiety.**

12 Q. And that was based on your interactions with her?

13 **A. Yes.**

14 Q. Do you recall, once again -- I mean, we'll go  
15 through the notes and maybe it's mentioned  
16 somewhere in there, but do you recall her generally  
17 ever talking about her having -- well, let me ask  
18 you generally.

08:51

19 With somebody who has generalized or social  
20 anxiety is trouble sleeping usually --

21 **A. Oh, yeah.**

22 Q. -- a symptom?

23 **A. Oh, yes. Trouble falling, staying asleep, getting**  
24 **up too early. It wreaks havoc on that aspect of**  
25 **life.**

1 disorder that falls on the DSM?

2 **A. That's what we do, yeah.**

3 Q. Okay. But they'd have to see a psychiatrist if  
4 they wanted to get put on a certain medication for  
5 it?

6 **A. Yeah.**

7 Q. We talked about, during several of your sessions,  
8 one of the goals being -- you know, early on it  
9 looked like Dr. Matthews was having some struggle  
09:50 10 accepting the fact that this is what she has and  
11 she's got to learn how to cope with it more than  
12 you don't take a pill and you're cured from social  
13 or generalized anxiety, correct?

14 **A. Yes.**

15 Q. And in your experience, are these types of  
16 disorders ones that the patient's going to deal  
17 with, at least to some degree, for the rest of  
18 their life?

19 **A. Yes. And that's -- you know, it's interesting**  
09:51 20 **because when you move from a control avoidance**  
21 **strategy to an acceptance, the anxiety does kind of**  
22 **sort of go down a little bit. But, you know, I've**  
23 **been teaching 12 years. I get anxious the first**  
24 **day. I don't sleep that day before; I sleep three**  
25 **hours. I say, "Let's get through this."**

1    **A. Oh. I don't think so. I'm not sure, but those two**  
2       **fit squarely into what, I think, we were working**  
3       **on.**

4    **Q. Okay. So based on your treatment of her,**  
5       **regardless if she was previously diagnosed or not,**  
6       **would you diagnose Dr. Matthews as someone who**  
7       **suffers from social anxiety disorder?**

8    **A. Sure.**

09:57

9    **Q. And someone -- would you diagnose her as someone**  
10       **who suffers from generalized anxiety disorder?**

11   **A. Yes.**

12   **Q. Would you diagnose her as somebody who has a social**  
13       **phobia?**

14   **A. That doesn't sit with me because I think the bases**  
15       **are covered with the first two.**

16   **Q. Okay. And any other -- during the course of**  
17       **treatment with her, any other diagnoses that you**  
18       **gave her, considered for her? You didn't diagnose**  
19       **her with depression or anything, did you?**

09:58

20   **A. I don't think so. I don't think so. It wouldn't**  
21       **surprise me if she would be depressed trying to**  
22       **work with all of this stuff, but that wasn't the**  
23       **focus of our work.**

24                   **MR. BEAN: I don't have any further**  
25       **questions.**

1 Q. Okay. In fact, she saw you, we talked about it, 39  
2 times and she didn't stop seeing you because you  
3 told her she didn't need to see you anymore?

4 **A. That is correct.**

5 Q. And her anxiety could be debilitating at times?

6 **A. Yes.**

7 Q. It could be disabling to her at times?

8 **A. That's my interpretation.**

9 Q. In fact, if we look at a note from Dr. Adan on  
10:35 10 4/26/2010, she states, "Still severe social  
11 anxiety, disabling." Do you disagree with that  
12 assessment?

13 **A. No. I think she suffered through many aspects of**  
14 **her life. Suffered.**

15 Q. And you were asked some questions by Mr. Campbell  
16 about whether you questioned, you know, the  
17 legitimacy of her condition or whether she was  
18 seeking medication. Is there anything about  
19 Dr. Matthews' comments to you or her body language  
10:36 20 or impressions to you in your observations as a  
21 licensed medical professional, did she come off  
22 fake or disingenuous about her condition in any  
23 way?

24 **A. In the time that I worked with her, I did not feel**  
25 **that way.**


## C E R T I F I C A T E

State of Ohio,                    )  
   ) SS:  
 County of Cuyahoga.    )

I, Sarah Lane, a Notary Public in and for the state of Ohio, do hereby certify that the within-named witness, DR. PAUL MINNILLO, was sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given was by me reduced to stenotypy in the presence of said witness, afterwards transcribed by means of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given as aforesaid.

I do further certify that this deposition was taken at the time and place as specified in the foregoing caption, and that I am not a relative, counsel, or attorney of either party, that I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28 (D), or otherwise interested in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this day, October 18, 2017.

  
 Sarah Lane, Notary Public  
 My commission expires December 18, 2021.

